

# PART B - FEE(S) TRANSMITTAL

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 7590 09/20/2002

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Susanne C. Garcia (Depositor's name)  
 Susanne C. Garcia (Signature)  
 December 20, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/508,045	03/03/2000	GERHARD MULLER	37187/DBP	9622

TITLE OF INVENTION: ELECTRODE ARRANGEMENT FOR ELECTROTHERMAL TREATMENT OF HUMAN OR ANIMAL BODIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	12/20/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON III, HENRY M	3739	606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Christie, Parker &  
 2. Hale, LLP  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Celon AG Medical Instruments**

**Warthestrasse 21  
 14513 Teltow, Fed Rep Germany**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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12/21/2002 INQUIRY# 00000018 09500045

01 FC:2501  
 02 FC:8001

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